



APPLICATION KIT

for

FISCAL YEARS 2005 - 2006

SMALL AMBULATORY PROGRAM

for

AMERICAN INDIANS AND ALASKA NATIVES

**Indian Health Service
Department of Health and Human Services**





**FISCAL YEARS 2005 - 2006
SMALL AMBULATORY PROGRAM**

**APPLICATION KIT
GENERAL INFORMATION**

Enclosed is the application kit for the Indian Health Service (IHS) fiscal years (FYs) 2005 and 2006 Small Ambulatory Program (SAP). This program is established under the authority of the Indian Health Care Improvement Act, Title III, Section 306, Public Law (P.L.) 94-437, as amended, as codified and implemented by 25 U.S.C. 1636, and as further amended by the FY 2005 appropriation, P.L. 108-447, and the FY 2006 appropriation, P.L. 109-54.

This application kit contains four sections: (I) Program Announcement; (II) Application, Selection, and Award Processes; (III) Application; and (IV) Application Checklist.

The application for the FYs 2005 - 2006 SAP consists of two parts. Part 1 - Program Application, will be used to determine eligibility; then, it will be used for the competitive rating and ranking for selection. Part 2 - Draft Contract, will be used for contract award if the project is selected. Prospective applicants should review the eligibility requirements in the Program Announcement carefully to be sure of eligibility prior to preparing an application.

Two originals, with original signatures, and three copies of the signed original of the complete application (Parts 1 and 2), with all attachments, must be submitted. The two originals and two copies of the application are to be submitted to the Division of Facilities Planning and Construction (DFPC), Indian Health Service, Suite 600, 12300 Twinbrook Parkway, Rockville, MD 20852. This submission is **due by 3:30 PM, EST, on January 13, 2006**, or postmarked by that date. One signed copy is to be submitted to the applicable IHS Area. Mark both application envelopes: **"FYs 2005 - 2006 SAP APPLICATION."**

LCDR Ed Cayous, P.E., the SAP Program Manager, Division of Facilities Planning and Construction, IHS, may be contacted regarding the SAP. His "E-Mail" address is ed.cayous@ihs.gov, and his telephone number is 301-443-1263. Appendix 1 contains SAP contact information for the IHS Areas.

Thank you for your interest in the IHS Small Ambulatory Program.

Gary J. Hartz, P.E.
Assistant Surgeon General
Director
Office of Environmental Health and Engineering

Date Issued: November 9, 2005

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SECTION I

**PROGRAM
ANNOUNCEMENT**

for

FISCAL YEARS 2005 - 2006

SMALL AMBULATORY PROGRAM

SECTION I
PROGRAM ANNOUNCEMENT
APPLICATION KIT
FISCAL YEARS 2005 - 2006
SMALL AMBULATORY PROGRAM

ANNOUNCEMENT NO.: SAP-2005/2006-01

ANNOUNCEMENT DATE: November 9, 2005

PURPOSE OF ANNOUNCEMENT: This announcement provides notice of the availability of funds for the Indian Health Service (IHS) fiscal years (FYs) 2005 - 2006 Small Ambulatory Program (SAP), and affords eligible tribes or tribal organizations the opportunity to apply.

PROGRAM TITLE: Fiscal Years 2005 - 2006 Small Ambulatory Program

PURPOSE OF SMALL AMBULATORY PROGRAM: Under the SAP, American Indian and Alaska Native tribes or tribal organizations, who are operating an Indian health care facility pursuant to a **health care services contract** or compact entered into under The Indian Self-Determination and Education Assistance Act, Public Law (P.L.) 93-638, may competitively obtain funding for the construction, expansion, or modernization of small ambulatory health care facilities.

AMOUNT OF FYs 2005/2006 - FEDERAL FUNDS AVAILABLE: \$11,897,218. (Note, this amount could be reduced if additional rescissions are applied to the FY 2006 appropriation.)

NUMBER OF AWARDS ANTICIPATED: The number of awards to be made under the FYs 2005 - 2006 SAP is dependent on the number and type of assistance requested. See the Authorization section of this announcement for the various types and the funding range authorized for this program. Applicants should be aware that in the past the Congress has directed the IHS to use the rank-order list of an application process when funds are appropriated in immediate subsequent fiscal years so prompt awards can be made.

APPLICATION KITS:

Application Kits will be available on November 10, 2005, by downloading from the below identified websites on the internet:

<http://www.fedbizopps.gov>

<http://www.dfpc.ihs.gov>

SECTION I - PROGRAM ANNOUNCEMENT - FYs 2005 - 2006 SAP APPLICATION KIT

The web version of the Application Kit will NOT be interactive for electronic submission of the Application at this time. Only a "pdf" version of the Application Kit will be available on the websites. All Applications must be "hard copies."

If internet access is not available, a copy of the Application Kit can be requested from the SAP IHS Headquarters Program Manager.

APPLICATION DEADLINE: Applications must be received by 3:30 PM, of the time zone for the receiving office, on January 13, 2006. See "Late Application" on page II-3 for clarification.

APPLICATION RECEIPT POINT: The complete application package, with all required attachments (documentation), consisting of **two originals** with original signatures plus **two copies** of the signed original, is to be delivered to the **Responsible IHS Headquarters Office**, shown below. One **copy** of the complete application package, with a copy of the signed original, is to be delivered to the applicable IHS Area. Mark on both application envelopes: **"FYs 2005 - 2006 SAP APPLICATION."**

RESPONSIBLE IHS OFFICES AND INFORMATION CONTACTS:

Responsible IHS Headquarters Office:

Division of Facilities Planning and Construction
Office of Environmental Health and Engineering
Indian Health Service
U.S. Department of Health and Human Services
Suite 600
12300 Twinbrook Parkway
Rockville, MD 20852

IHS Headquarters SAP Contact:

Ed Cayous, P.E.
Program Manager
Small Ambulatory Program
"E-Mail" Address: ed.cayous@ihs.gov
Telephone: 301-443-1263

IHS Areas Contacts:

Appendix 1 contains the respective SAP points-of-contact for each IHS Area.

SECTION I - PROGRAM ANNOUNCEMENT - FYs 2005 - 2006 SAP APPLICATION KIT

ENGLISH LANGUAGE REQUIREMENT: All documents used for this program are to be in the English language.

METRIC REQUIREMENT: The Metric Conversion Act of 1975, P.L. 94-168 (15 U.S.C. 205a et seq.), as amended by Section 5164 of the Omnibus Trade and Competitiveness Act of 1988, P.L. 100-418, requires the use of System International (SI) metric units for all Federally-assisted construction. Accordingly, the use of SI metric measurement units is required for the SAP Application Kit. SAP Awardees may elect to construct their project in either SI metric or English units.

PROGRAM IMPLEMENTATION: Pursuant to the authorizing legislation, as amended by the FYs 2005 and 2006 appropriations, the IHS FYs 2005 - 2006 SAP is being implemented using funds appropriated in FYs 2005 and 2006, as herein described below.

STATUTORY AUTHORITY: The statutory authority for projects receiving awards under the FYs 2005 - 2006 SAP is contained in the Indian Health Care Improvement Act, Title III, Section 306, P.L. 94-437, as amended, as codified and implemented by 25 U.S.C. 1636, and as further amended by language in the FY 2005 appropriation, P.L. 108-447 and the FY 2006 appropriation, P.L. 109-54.

AUTHORIZATION AND AWARD CONDITIONS:

(1) In accordance with the statutory authorities for the FYs 2005 - 2006 SAP, funding may be provided, after competitive selections, to tribes or tribal organizations meeting the eligibility requirements shown herein.

(2) Proposed projects are to be for ambulatory health care facilities, which are located apart from hospitals on municipal, private, or tribal land, and that provide health care services to eligible Indians. Funds may be provided for the:

- construction of a new satellite facility;
- construction of a replacement facility;
- expansion of an existing facility; or
- modernization of an existing facility,

(3) Funding provided under this authorization may cover up to 100 percent of the costs for the project, up to the allowed limit, shown below.

(4) A SAP Application will not be considered if the proposed project has previously received an award for SAP funding.

(5) A SAP contract award can not exceed \$2,000,000.

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(6) A SAP Application will not be considered if on-site construction has begun already. A SAP award will not be made if the tribe has awarded a construction contract for on-site work before a SAP award is made. However, project planning and / or design may be complete.

(7) Awards will be made through hybrid construction contracts adapted for the SAP, as administered pursuant to the conditions of The Indian Self-Determination and Education Assistance Act, P.L. 93-638, Subpart "J" and applicable (as determined by the IHS) sections of 25 CFR Part 900. All contracts will be fixed-price. [Please refer to page III-3 for the required application acknowledgement about the SAP award not being a part of any other contract.]

(8) No other source of IHS funding may be used in conjunction with the SAP project construction, except the applicant may participate in the IHS Replacement Equipment Program and receive equipment funding for the non-IHS funded portion of the SAP project. The awardee is responsible for all project costs over and above the IHS SAP award.

(9) Funds made available under the SAP may be used as matching shares for other Federal contract or grant programs, from other than IHS, which contribute to the purposes for which a contract under the SAP is made.

(10) At no time during construction or after completion of construction of the project, will the Federal Government have any rights or title to any real or personal property acquired as a part of the construction contract.

APPLICANT ELIGIBILITY REQUIREMENTS:

(1) Funding, under this authority, may be provided **only** to a Federally recognized Indian tribe or tribal organization, which, prior to submitting a FYs 2005 - 2006 SAP Application, **operates an Indian health care facility pursuant to a health care services contract or compact under** The Indian Self-Determination and Education Assistance Act, **P.L. 93-638**, when:

- the facility is not owned or constructed by the IHS; or
- the facility was not originally owned or constructed by the IHS and transferred to the tribe.

(2) The ambulatory health care facility in the proposed project must be located apart from a hospital.¹

¹ Apart from a hospital is defined that the health care facility in the proposed project must not be

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(3) The proposed project must not have received any funding already under Section 301 or Section 307 of P.L. 94-437. ²

(4) Upon completion of the proposed project, the health care facility will ³:

- have a total capacity appropriate for its projected service population;
- serve no less than 500 eligible Indians annually (Not applicable to a tribe or tribal organization, whose tribal government offices are located on an island.); **and**
- provide ambulatory care in a service area (specified in the services contract entered into under the P.L. 93-638) having not less than 2,000 eligible Indians (Not applicable to a tribe or tribal organization, whose tribal government offices are located on an island.).

(5) Applicants must be able to provide reasonable assurances, that upon completion of the proposed project, the applicant will:

- have adequate financial support available for providing the services at the health care facility;
- make the health care facility available to eligible Indians without regard to ability to pay or source of payment; and
- provide services to non-eligible persons on a cost basis, in accordance with Federal Law, without diminishing the quality or quantity of services provided to eligible Indians.

(6) A need must exist for increased ambulatory health care services.

(7) The current facility must have insufficient capacity to deliver needed services.

contiguous or immediately adjacent to a hospital.

² This is defined that the project has not received any funding already under Section 301 of P.L. 94-437, which deals with the IHS Health Facilities Construction Priority System for inpatient, outpatient, and staff quarters facilities; or with the expired Section 307, which deals with the Indian Health Care Delivery Demonstration Program. Funding has been provided to the IHS for Section 301, but no funding was ever appropriated for Section 307 before it expired.

³ For the purposes of carrying out the SAP, the condition of the authorizing legislation containing the phrase "total capacity appropriate for its projected service population" is defined to mean the IHS User Population projected to the opening year of the facility. Likewise, the phrase "no less than 500" is defined to mean that the proposed facility will serve no less than 500 active users as determined by the IHS User Population. Furthermore, the phrase "not less than 2,000" relates to the IHS Service Population. The IHS Service Population is an approximate measure of the potential eligible Indians in a service area that is determined by the census population.

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(8) The Tribe's current financial management systems must meet the requirements of 25 CFR Parts 900.44 and 900.45. To be in compliance, the Single-Agency Audits which are provided in compliance with the Office of Management and Budget (OMB) Circular A-133 may not have any significant and material weaknesses or unresolved issues of fraud or improper use of previously provided Federal funds.

APPLICATION:

The application will consist of two parts. Part 1 - Program Application, will be used to determine basic eligibility, and for competitive rating and ranking for selection. Part 2 – Draft Contract, will be used for contract award for selected projects. Both parts are to be submitted in accordance with the guidelines in the Application Kit.

The application is to contain only that which is required in the guidelines and only in the detail needed for responding properly to the respective application requirement. Extra information is not needed or desired. The application is to demonstrate project need, and the administrative and financial capabilities of the applicant in the appropriate sections.

EVALUATION AND SELECTION PROCESS: The details about the evaluation and selection processes are included in the Application Kit Section II. As part of the eligibility determination, the applicable IHS Area will review and validate the application copy furnished by the applicant, and will provide to the IHS Headquarters an appropriate endorsement for the proposed project. After the basic eligibility determination, each eligible application will be reviewed, evaluated, rated and ranked for selection through an objective review process, using an objective review team (ORT) that will evaluate each application for the following rating factors:

- Need for project. (Maximum 40 points)
- Delivery capability. (Maximum 40 points)
- Construction capability. (Maximum 15 points)
- Applicant Financial Contribution. (Maximum 5 points)

The IHS Headquarters Division of Facilities Planning and Construction will review the results of the ORT and make selection recommendations for final selection by the Selecting Official, the IHS Headquarters, Director, Office of Environmental Health and Engineering.

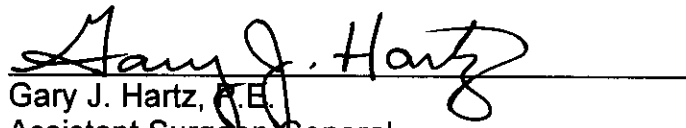
AWARD PROCESS: Hybrid construction contracts adapted for the SAP and administered pursuant to the conditions of The Indian Self-Determination and Education Assistance Act, P.L. 93-638, Subpart "J" and applicable sections of 25 CFR Part 900(as determined by the IHS), will be used as the means of providing the Federal assistance pursuant to the SAP. Awards will be made based on the competitive selections of

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selections of projects using the information contained in both parts of the application. Contracts will include: (1) the contents of the Application - Part 2, Draft Contract; (2) the Program Announcement (Application Kit, Section I); (3) the Application, Selection and Award Processes (Application Kit, Section II); and (4) the Application - Part 1, Program Application.

APPLICATION AND AWARD PROCESS SCHEDULE: The estimated activities schedule for the FYs 2005 - 2006 SAP are:

- | | |
|---|-------------------|
| - Commence Tribal Consultation process: | July 1, 2005 |
| - Application Kit issued | November 9, 2005 |
| - Application Kit available on web sites: | November 10, 2005 |
| - Due date for Application: | January 13, 2005 |
| - Complete eligibility determination, including IHS Area Review | March 1, 2006 |
| - Complete rating and ranking: | March 30, 2006 |
| - Final selection: | April 7, 2006 |
| - Notice of selections issued: | April 14, 2006 |
| - Complete contract awards: | May 12, 2006 |


Gary J. Hartz, P.E.
Assistant Surgeon General
Director
Office of Environmental Health and Engineering
Indian Health Service



SECTION II

APPLICATION, SELECTION, and AWARD PROCESSES

for

FISCAL YEARS 2005 - 2006

SMALL AMBULATORY PROGRAM

SECTION II
APPLICATION, SELECTION, AND AWARD PROCESSES
APPLICATION KIT
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APPLICATION PROCESS

The Application for the FYs 2005 - 2006 SAP will consist of two parts: Part 1 - Program Application and Part 2 - Draft Contract. The Part 1 - Program Application, has three sections: Section A - Applicant's Administrative Information, Section B – Applicant's Eligibility Determination, and Section C - Technical Proposal. Sections A and B of Part 1 – Program Application, will be used in determining the basic eligibility. The entire Part 1 will be used for competitive rating and ranking for selection. Part 2 - Draft Contract, will be used for making contract award if the project is selected to receive a FYs 2005 – 2006 SAP award.

Applicants may request technical assistance from the applicant's respective IHS Area, subject to available resources. Appendix 1 contains a list of applicable IHS Area SAP Points-of-Contact.

PUBLIC REPORTING BURDEN FOR INFORMATION COLLECTION
(OMB Control Number: 1076-0136)

Public reporting burden for the collection of information needed for the Application is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. ***An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number.*** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Indian Health Service Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1006, marked to the Attention: PRA (1076-0136).

(DO NOT RETURN THE COMPLETED APPLICATION FOR THIS PROGRAM TO THIS ADDRESS.)

A. APPLICATION CONTENT

Application Kit Section III contains the items to be included in the application.
Application Kit Section IV is a checklist of items to be in the application.

SECTION II – APPLICATION, SELECTION & AWARD PROCESSES FYs 2005 - 2006 SAP APPLICATION KIT

B. PREPARATION AND ASSEMBLING

Both parts of the application are to be prepared in the English language. Avoid the use of jargon and acronyms. Do not use abbreviations unless they have been spelled out first in the text. To facilitate review, validation, rating, ranking and selection, both parts of the application, with all required attachments (documentation), are to be prepared and submitted conforming to the below requirements:

- Standard size, 8-1/2" x 11," white paper is to be used.
- All parts of the application are to be typewritten from a computerized word processing program, are to be single spaced where possible, and with a regular font style using not smaller than 12 pt font size.
- All four border margins are to be one inch.
- All documents are to be printed on **one side only**, with **black** ink.
- Application documents are to be **loose** and **not bound** or **stapled**.
- The Cover Sheet is to show "**Fiscal Years 2005 - 2006 Small Ambulatory Program**," including the name of the applying tribe or tribal organization, and the submission date.
- All pages are to have a header identifying the name of the applicant.
- All pages are to have a footer consecutively numbering the pages.
- The application components within each of the two parts of the application are to be arranged in the same sequence as listed in Section III.
- The completed application, in the number of copies specified, should be signed in black ink by the authorized official of the applying organization.
- The **TWO ORIGINALS**, with original signatures, and the **THREE COPIES** of the signed original are to be clearly marked as such, and submitted as specified.

SECTION II – APPLICATION, SELECTION & AWARD PROCESSES

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C. MAILING OR DELIVERY.

Using either the U.S. Postal Service or one of the commercial delivery services, mail or deliver **two originals** and **two copies** of a signed original of the complete **Application**, with all attachments (documentation), to:

Division of Facilities Planning and Construction
Office of Environmental Health and Engineering
Indian Health Service
Suite 600
12300 Twinbrook Parkway
Rockville, MD 20852

Mail or deliver **one copy** of a signed original of the complete **Application**, with all attachments (documentation), to the respective SAP contact person in the applicable IHS Area, using the address shown in Appendix 1.

Mark both Application envelopes: **"FYs 2005 - 2006 SAP APPLICATION"**

D. APPLICATION DEADLINE. Complete applications must be received by the deadline shown in the FYs 2005 - 2006 SAP Program Announcement.

E. LATE APPLICATION. The application will be considered to be "on time" if it is: (1) received, by the IHS Headquarters Division of Facilities Planning and Construction, on or before the established deadline date and time; or, (2) has been postmarked on or before the established deadline date. The applicant, if using the U.S. Postal Service, should request a legibly dated U.S. Postal Service postmark on the envelope, and/or obtain a legibly dated receipt from the U.S. Postal Service or commercial delivery service. Private metered mail postmark will **not** be accepted as proof of timely mailing. A late application will **not** be accepted for processing.

F. NON-CONFORMING APPLICATION. An application will be classified as non-conforming if it does not meet the submission requirements of the Application Kit, or does not meet the eligibility requirements for the SAP. Non-conforming applications will not be processed any further.

G. PRIVACY ACT. The Privacy Act of 1974 (5 U.S.C. § 552a), with certain exceptions, permits individuals (U.S. citizens or permanent resident aliens) to gain access to information pertaining to themselves in Federal agency records, to have a copy made of all or any part thereof, to correct or amend such records, and to permit individuals to make requests concerning what records pertaining to themselves, are collected, maintained, used or disseminated. The Act also prohibits disclosure of

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individual's records without written consent, except under certain circumstances as prescribed by the Privacy Act.

H. FREEDOM OF INFORMATION ACT. The Freedom of Information Act (5 U.S.C. § 552) allows requesters to have access to Federal agency records, except those which have been exempted by the Act.

I. IHS AREA ASSISTANCE. Each IHS Area has a SAP Point-of-Contact, as listed in Appendix 1. The IHS Areas are available to assist applicants with the preparation of the Applications, as resources allow.

SELECTION PROCESS

A. IHS AREA ASSISTANCE, REVIEW AND ENDORSEMENT.

- 1. Prior to submission of Application.** As specified in the application requirements, the applicant, prior to submitting its application, is to coordinate with the applicable IHS Area to seek the required IHS prior concurrence of the statistical data and existing facilities information used in the Application. As IHS Area resources allow, the respective IHS Area is to provide appropriate assistance to the applicant for this validation process.
- 2. Review of submitted Application.** Using the copy of the Application provided by the applicant directly to the applicable IHS Area, the IHS Area is to review the Application to ensure correctness of the data and information with which the IHS Area is involved, as follows:
 - a. Validation of Existing Services Contract.** The IHS Area is to validate the existing P.L. 93-638 services contract or compact. As part of this validation, the IHS Area is to include with its endorsement, as an attachment, copies of the following identified components of the contract **[DO NOT provide a copy of the entire contract.]**:
 - (1) Identification of parties who have executed the contract.
 - (2) Identification of period of contract.
 - (3) Identification of health care services covered by the contract.
 - (4) If the contract is with a consortium or organization who is providing health care services for more than one Federally recognized tribe or tribal organization, additional documentation is to be provided to show the legal tie with the Federally recognized tribes or tribal organizations. All of this must show a proper tie-in with the name or

SECTION II – APPLICATION, SELECTION & AWARD PROCESSES

FYs 2005 - 2006 SAP APPLICATION KIT

names shown in the Federal Register list of Federally recognized tribes.

(5) Signatures of parties executing the document.

b. **Validation of Facilities Information.** The IHS Area is to validate the facilities information used in the “Need for Project Calculation” in Item 7 of Section C – Technical Proposal of the Application.

3. **Certification Endorsement.** The IHS Area is to provide to IHS Headquarters an endorsement memorandum, which certifies that the proposed project has been reviewed by the IHS Area, and that the project is consistent with the IHS Area’s master plan for health care facilities. (If a formal master plan does not exist or is not complete for an IHS Area, this certification is to address the project’s relationship with the overall concept of operations under which the IHS Area operates with its Tribes.) This document, also, is to provide appropriate comments about the application and a recommendation whether the Area supports the project as presented in the application.

4. **Retention of Application Copy.** The copy of the Application provided by the applicant and used for the above discussed review and certification is to be retained by the IHS Area for future use and reference if the project is selected for an award.

B. IHS HEADQUARTERS REVIEW OF APPLICATION. The applicable IHS Area’s endorsement memorandum will be reviewed. The entire application will be reviewed to determine if it has been prepared in accordance with the Application Kit instructions. Part 1 – Program Application, Sections A and B, of the application will be reviewed to determine conformance with eligibility requirements. Conforming applications will be prepared for the prescribed review, evaluation, rating and ranking, using the Section C information.

C. REVIEW, EVALUATION, RATING AND RANKING.

Each conforming and eligible application will be reviewed, evaluated, rated and ranked for selection, by an objective review team (ORT). The ORT will be composed of representatives from the Federal Government and tribes. To the extent feasible, ORT members will not be associated with applying tribes. The ORT members will be asked to excuse themselves from the processing of applications where they have any ties with the applying tribe or if there may be any appearance of a conflict of interest. To protect the confidentiality of this process, the names of ORT members and their results will be released only to the officials involved in the selecting process.

SECTION II – APPLICATION, SELECTION & AWARD PROCESSES

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Part 1 of the Application will be reviewed and evaluated to determine the applicant's ability to accomplish the proposed project and will be rated and scored in accordance with the evaluation criteria contained in the four rating factors described below, then ranked for selection.

Rating Factors:

1 - Need for Project (Maximum 40 points)

Evaluation: The ORT will verify the calculated score provided in Application **Part 1, Section C, Item 7, Need for Project Calculation**.

2 - Delivery Capability (Maximum 40 points)

Evaluation: Application **Part 1, Section C, Item 8, Delivery Capability Brief**, will be evaluated by the ORT to determine the applicant's capability to provide the necessary ambulatory care services for the projected user population after the project construction work is completed.

3 - Construction Capability (Maximum 15 points)

Evaluation: Application **Part 1, Section C, Item 9, Construction Capability Brief**, will be evaluated by the ORT to determine to what extent the applicant has the capability to manage the proposed construction project, keeping on schedule, within the budget, with a safe operation and with good quality control.

4 - Applicant's Financial Contribution (Maximum 5 points)

Evaluation: Application **Part 1, Section C, Item 10, Applicant Financial Contribution Brief**, will be evaluated by the ORT to determine the extent the applicant is willing to commit non-IHS resources to the project. Higher scores will be given to applicants who demonstrate the initiative to have other funds above that being received from the SAP. The amount of the contribution will not affect this score.

D. SELECTION. Using the ranking results received from the ORT, final selections will be recommended by the IHS Headquarters Program Office (Division of Facilities Planning and Construction) for final selection by the Selecting Official, the IHS Headquarters, Director, Office of Environmental Health and Engineering. The scoring by the ORT is used only in the selection process.

SECTION II – APPLICATION, SELECTION & AWARD PROCESSES
FYs 2005 - 2006 SAP APPLICATION KIT

AWARD PROCESS

Awards will be made based on the rank order of selected projects, beginning with the highest scored project, until all SAP funding is awarded. The rank order is used only for determining which projects will receive awards. Once awards are made, the scoring and ranking information has no meaning or bearing on any future actions, so this information will not be maintained or released for future use in selections.

Successful applicants will be notified by an official letter from IHS Headquarters. Only the names of applicants receiving awards will be posted on the IHS, OEHE, public website.

Awards will be made through hybrid construction contracts adapted for the SAP, as administered pursuant to the conditions of The Indian Self-Determination and Education Assistance Act, P.L. 93-638, Subpart “J” and applicable (as determined by the IHS) sections of 25 CFR Part 900. Contract award documents will consist of an executed Award/Contract Cover Sheet (provided in Application Kit, Section III, Part 2 – Draft Contract); sections of the Application Kit including Section I - Program Announcement, and Section II – Application, Selection, and Award Processes; and the Tribe’s Application. Awards will be made without any discussions with applicants.



SECTION III

APPLICATION

PARTS 1 AND 2

for

FISCAL YEARS 2005 - 2006

SMALL AMBULATORY PROGRAM

**SECTION III
APPLICATION PARTS 1 AND 2
APPLICATION KIT
FISCAL YEARS 2005 - 2006
SMALL AMBULATORY PROGRAM**

The FYs 2005 - 2006 SAP Application consists of two parts, Part 1 – Program Application, and Part 2 - Draft Contract. Part 1 will be used to determine basic eligibility and for competitive rating and ranking. Part 2 will be used for contract award for selected projects. The application is to be prepared and assembled in accordance with the instructions contained in Application Kit Section II. Both parts are to be submitted along with any required attachments (documentation).

PART 1 – PROGRAM APPLICATION

The Part 1 – Program Application is to contain the following information and be assembled in the order shown:

Application Cover Sheet. [The cover sheet is to identify that the document is an **Application for the FYs 2005 - 2006 Small Ambulatory Program**, show the **name of the applying tribe or tribal organization**, and reflect the **submission date**.]

Table of Contents. [All pages of the Part 1 – Program Application, are to be numbered. The Table of Contents for Part 1 is to list all sections and items in the Part 1 – Program Application, with the corresponding item numbers and starting page numbers.]

Section A – Applicant’s Administrative Information

1. **Date of Application Submission.**
2. **Applicant’s Project Control Number.** [Show any control number used by the applicant or “NOT APPLICABLE,” if that is the case with the applicant.]
3. **Descriptive Title of Applicant’s Project.** [Show the applicant’s short descriptive title for the project.]
4. **Amount of Federal Assistance Requested.** [Show the dollar amount of Federal assistance being requested in this application. Note: this amount cannot exceed \$2,000,000. Also be aware that during the objective review process, the amount being contributed by the tribe affects the score of the application.]

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

5. **Total Estimated Project Cost.** [Show the dollar amount of the estimated total cost for the project.]
6. **Percentage of Total Project Cost.** [Identify the percentage of the estimated total project cost for which Federal assistance is being requested.]
7. **Full name, address, telephone number, and “e-mail” address of tribe or tribal organization (Applicant).** [Show the full legal name of the applicant. Show the actual street location, city, county, state and zip code. If the address for U.S. Postal Service delivery or special delivery services, such as FedEx, is different, please provide also.]
8. **Full name, position title, address, telephone number, fax telephone number, and “e-mail” address of the applicant’s designated officials authorized by applicant’s governing body, as:**
 - a. Contact and responsible official for the application.
 - b. Contact and responsible official for executing the project through selection, award, design and construction.
9. **General Location of Project.** [Provide the general location of the proposed project, such as the city and state, or the name of the reservation and state.]
10. **Applicant’s Federal Employer Identification Number (EIN).** [Show the EIN as assigned by the U.S. Internal Revenue Service.]
11. **Data Universal Number System (DUNS) number.** [Provide the DUNS number that is assigned and maintained by Dun and Bradstreet Information Resources, a division of Dun and Bradstreet Corporation. The DUNS number can be obtained from the Dun and Bradstreet website at <http://www.dunandbradstreet.com> or by calling 866-705-5711. The DUNS number is a nine-digit identification number which uniquely identifies business entities.]
12. **Central Contractor Registration (CCR) Certification.** [Provide a statement that the applicant is registered in the CCR database. Registration can be done on-line at the CCR website <http://www.ccr.gov>. Tribes or tribal organizations may be registered already. Registration status can be verified on-line by visiting the CCR homepage or by calling the CCR Assistance Center at 888-227-2423.]
13. **Congressional District of Applicant.** [This information is needed for award notifications if the project is selected.]

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

14. **Congressional District of Project.** [This information is needed for award notifications if the project is selected.]
15. **The SAP Award Not Part of Any Other Contract Acknowledgement.** [The applicant is to acknowledge that the P.L. 93-638 Subpart “J” construction contract that is used for SAP award will not be made part of any P.L. 93-638 Services Contract, Compact, Annual Funding Agreement, or Funding Agreement, and will NOT be subject to "Tribal Shares," since the SAP is a specifically "earmarked" program that is not discretionary. Section 505 of Title V indicates that "Tribal Shares" are to be provided for discretionary programs, excluding congressionally "earmarked" competitive programs such as the SAP.]
16. **Agreement Statement for Tribal Project Reports Required After Contract Award.** [Provide statement that the applicant agrees to provide to the IHS the following identified reports (blanks provided in Application Part 2 – Draft Contract), on a quarterly basis, starting within 30 days after contract award:
 - a. Financial Status Report, Standard Form (SF) 269A.
 - b. Tribal Quarterly Progress Report.]
17. **No Additional Funding Allowed Acknowledgement.** [The applicant is to acknowledge that the IHS will not provide additional funding for staffing and/or programs to operate the tribe’s P.L. 93-638 health services contract or compact with the IHS beyond the current funding level in the contract or compact. The applicant continues to be eligible for any future program increases as provided by law.]
18. **Statement about Construction Management Contract.**⁴ As required by 25 C.F.R. § 900.125(b)(8), provide “a statement indicating whether or not the Indian tribe or tribal organization has a construction management services (CMS) contract for CMS related to this project”.
19. **Assurances for Contract Award.** The applicant hereby acknowledges that the following assurances will apply if awarded a contract for SAP funding: [The applicant is to include this exact statement and these assurances in order to be awarded a contract for SAP funding, if the project is selected.]
 - a. If the Indian Tribe or tribal organization elects not to take title (pursuant to Subpart I) [25 CFR Part 900.125] to Federal property used in carrying out the contract, “The Tribe will not dispose of, or change the terms of the real property title, or other interest in the site and facilities without permission and

⁴ The requirement for this statement is needed to assure that the IHS is not paying the applicant for construction management services under another contract.

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

instructions from the awarding agency. The Indian tribe or tribal organization will record the Federal interest in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project;" and

- b. "The Tribe will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.)" which prohibits the use of lead based paint in construction or rehabilitation of residential structures;
- c. "The Tribe will comply, or already complies, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646)," which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal participation in purchases; and
- d. "Except for work performed by tribal or tribal organization employees, the Tribe will comply, as applicable, with the provisions of the Wage Rate Requirements (40 U.S.C. §§ 3141 - 3146," for Federally assisted construction sub agreements;
- e. "The Tribe will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234)," which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more;
- f. "The Tribe will comply with all applicable Federal environmental laws, regulations and Executive Orders;"
- g. "The Tribe will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting the components or potential components of the national wild and scenic rivers system;"
- h. "The Tribe will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), Executive Order 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.)."

Section B – Applicant's Eligibility Determination

[The contents of this Section are to be repeated as written, with the applicant responding where indicated. An application should be prepared and submitted only if the applicant meets **all** eligibility requirements.]

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

1. **Federally Recognized Tribe.** Is applicant included in the Federal Register that provides the Department of Interior, Bureau of Indian Affairs, Notice of Indian Entities Recognized and Eligible to Receive Services for the United States Bureau of Indian Affairs (BIA) (The latest Federal Register edition is Volume 68, Number 234, dated Friday, December 5, 2003.)? _____ YES _____ NO [If YES, proceed to next item.] [If NO, the applicant is not eligible and should not proceed with the application.]

2. **Different Legal Name.** Is the legal name of the applicant other than that appearing in the Federal Register listing of eligible Indian Entities for the BIA? _____ YES _____ NO [If YES, provide an explanation: _____]

[Proceed to next item.]

3. **Status of Project.** Has on-site construction started for the project? _____ YES _____ NO If on-site construction has not started, does the applicant plan to award a construction contract for on-site work prior to receipt of a SAP award if selected for an award? _____ YES _____ NO [If the answer for either question is YES, the applicant is not eligible and should not proceed with the application.] [If NO, proceed to next item.]

4. **Current Operation.** Does the applicant currently operate an Indian health care facility pursuant to an existing health care services Contract, Compact, Annual Funding Agreement (AFA), or Funding Agreement (FA) [referred to hereafter as contract] entered into under The Indian Self-Determination and Education Assistance Act, Public Law (P.L.) 93-638? _____ YES _____ NO [If YES, proceed to next item.] [If NO, the applicant is not eligible and should not proceed with application.]

5. **Ownership.** Provide the legal name of the current owner of the health care facility being operated under the existing P.L. 93-638 services contract:

If the IHS is not the current owner, was this facility ever owned or constructed by the IHS? _____ YES _____ NO [If the current owner is the IHS, or if the answer is YES, applicant is not eligible for SAP.] [If the current owner is not the IHS and the answer is NO, proceed to next item.]

6. **Location in Relationship to a Hospital.** Is the ambulatory health care facility in the proposed project located apart from a hospital and not on the same grounds and or campus as the hospital? _____ YES _____ NO [If YES, proceed with next item.] [If NO, the applicant is not eligible.]

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

7. **Non-Receipt of Prior Funding.** Has the proposed project, either the entire or a part thereof, received any prior funding under: 1) P.L. 94-437, Section 301, which deals with the IHS Health Facilities Construction Priority System for inpatient, outpatient and staff quarters facilities projects; 2) the expired P.L. 94-437, Section 307, which dealt with the Indian Health Care Delivery Demonstration Program; or 3) P.L. 94-437, Section 306, for a previous SAP award? _____ YES _____ NO [If YES, the applicant is not eligible.] [If NO, proceed with next item.]

8. **Population Certifications.** Provide (as coordinated with the applicable IHS Area, who has obtained advance certification of provided numbers from the IHS Headquarters Statistics Office) the latest IHS certified official user and service populations of eligible Indians for the service area of the proposed project. These population figures are to be projected to the planned opening fiscal year. Note, the service population figure is to be equal to or be greater than the user population figure. If partial counties, in the State in which the proposed health care facility is located, are in the official service area recognized by the IHS, show the official IHS percentages per county applicable to the proposed project.

- a. User population at projected opening (FY _____): _____
- b. User population at projected opening plus 3 years (FY _____): _____
(Used in Block E, Need for project calculation, page III -12)
- c. Service population at projected opening (FY _____): _____
- d. Counties in Service Area (with % if applicable): _____

[Note, to be eligible for the SAP, the certified user population figure can not be less than 500 and the certified service population figure can not be less than 2,000. These thresholds are not applicable to a tribe or tribal organization who has its tribal government office located on an island. If the certified figures are less than the requirements and the applicant is not exempt, the project is not eligible for SAP funding and do not proceed.]

9. **Capacity Certification.** The supportable space calculation for the proposed health care facility equals $200 \text{ m}^2 + 0.8 \text{ m}^2 \text{ per person} \times \text{projected user population}$ = _____ m^2 . The gross size of the proposed health care facility is _____ m^2 . [Provide the appropriate statement about the comparison of these two figures as it relates to the project having a total capacity appropriate for the projected population]: _____

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Based on the figures shown above, the applicant certifies that the total capacity of the proposed project will be appropriate for the projected population. _____
YES _____ NO [If YES, proceed.] [If NO, the applicant is not eligible.]

10. **Program Assurances.** Upon completion of the proposed project, the applicant assures that it will do the following:
- a. Have adequate financial support available for providing the services at the health care facility.
 - b. Make the health care facility available to eligible Indians, without regard to ability to pay or their source of payment.
 - c. When services, which are feasible and otherwise authorized, are provided to non-eligible persons, such will be done on a cost basis, in accordance with Federal Laws, without diminishing the quality or quantity of services provided to eligible Indians.

The applicant hereby certifies the above: _____ YES _____ NO [If YES, proceed.] [If NO, the applicant is not eligible.]

11. **Financial Management Systems.** In order to comply with the authorizing legislation requirement and to meet the requirements of 25 CFR Parts 900.44 and 900.45 for a SAP contract award, the applicant's financial management systems have to meet minimum standards. The latest Single-Agency Audit, which is provided annually by Tribes in compliance with the Office of Management and Budget (OMB) Circular A-133, will be used to determine compliance. Is the applicant's latest Single-Agency Audit current in accordance with OMB Circular A-133? _____ YES _____ NO [If YES, proceed.] [If NO, the applicant is not eligible.] Does this audit reflect any substantial unresolved significant and material weaknesses or issues of fraud or misapplication of previously provided Federal funds which would preclude an affirmation determination that the applicant's financial management systems are in order? _____ YES _____ NO [If YES, the applicant is not eligible.] [If NO, proceed.] [If the answers to the two above questions are such that the applicant is eligible, document the responses by providing: (1) in Application Attachment A, a copy of the management report provided to the Tribe by the National External Audit Review Center, Office of Audit Services, Office of Inspector General, Department of Health and Human Services for the latest Single-Agency Audit Report; (2) in Application Attachment B, a copy of the auditor's summary of findings for the same audit; and (3) in Application Attachment C, a copy of the Tribe's latest Balance Sheet.]

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12. **Tribal Resolution.** Does the Tribal governing body support the proposed project? _____ YES _____ NO [If NO, the project is not eligible.] [If YES, document this statement by providing in Application Attachment D the original or certified true copy of an executed Tribal Resolution containing the following elements and or authorizations:

- a. Support of the SAP project and submission of application.
- b. Statement of the total amount of funds needed for the proposed project, and a breakdown of the portion to be provided by the tribe, either from tribal contribution or other sources, and the amount being requested from the SAP. All tribal funds are to be available at the time the SAP contract is awarded.
- c. Authorization to enter into a P.L. 93-638 construction contract for the administration, planning, design and/or construction of the SAP project, as applicable.
- d. Name and position title of tribal individual authorized to sign all contractual documents.

(If a certified copy of the resolution is used, it must contain the original signature of the certifier. Where a project benefits more than one Indian tribe or tribal organization, the approval of each such tribe or tribal organization receiving benefit of the project shall be obtained through consenting tribal resolutions from each body. {Required by 25 USC 450b.(l)}]

Section C – Technical Proposal

1. **Project Title.**
2. **Location of Project.** [Provide the precise geographical location, including, as applicable, the street address, city, county, and state for the proposed health care facility project. Describe the service area for the health care facility. Provide location and site maps in Application Attachment E. These maps are to clearly show the location of the existing health care facility, any proposed new project site (including any proposed expansion at an existing site), and the service area. The location of the nearest hospital available to serve the eligible population is to be shown also.]
3. **Type of Project.** [Show which of the following four types of projects that applies for the application:
 - (a) Construction of a new satellite health care facility. (Identify the existing health care facility for which the proposed new facility will be a satellite.)
 - (b) Construction of a replacement health care facility.

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

- (c) Expansion of an existing health care facility.
 - (d) Modernization of an existing health care facility.
4. **Description of Health Care Programs and Services.** [Briefly describe the health care programs and services being provided at the existing health care facility and identify the proposed changes in programs and services that would be facilitated by accomplishing the proposed project. Show how a need exists for increased ambulatory health care services, and that, currently, there is insufficient capacity to deliver needed services. For any proposed modernization projects, demonstrate how the proposed modernization work is needed to enhance the health care program.]
5. **Description of Proposed Project.** [Provide a summary description of the proposed construction work for the proposed project. If the project involves new, replacement, or expanded space, in Application Attachment F provide a space list with net areas (in square meters), and floor plan sketches depicting the proposed project, showing existing, if applicable, and the proposed changes, if project planning has advanced to a point where such exist. Include a summary of the planned scope of work for the construction and describe the proposed method for accomplishing the proposed construction work by phase; e.g., planning, design, and construction. This is to cite factors that might accelerate or decelerate the work of the proposed project, tying in how the requested Federal assisted funding will assist in the accomplishment of the proposed project.]
6. **Project Business Plan.** [Provide a Project Business Plan that includes the proposed (1) Project Management Plan and (2) Financial Management Plan.]
- (a) **Project Management Plan.** [Include the proposed plan to manage the proposed project, including:]
 - (1) **Organization.** [Describe the proposed organization that would manage the project. Identify key personnel and provide information about their experience and qualifications as it relates to the proposed project. Discuss the proposed administration support that would be provided for the proposed project. In Application Attachment G, provide a proposed organization chart for the project administration.]
 - (2) **Performance Period for Project.** [Provide a milestone schedule of major activities by phase of the proposed project, expressed in calendar days from the date of SAP contract award. If the tribe has started the project, show the actual dates that applicable milestones were

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

accomplished, such as project planning and/or design. (Note, if construction has started or if the applicant plans to award a construction contract for on-site work prior to the receipt of a SAP award, the project is NOT eligible for SAP award and an application should not be submitted.)]

- (3) **National Environmental Protection Act (NEPA) Requirements.** [The SAP projects are subject to the requirements of NEPA. The application is to acknowledge the applicant's responsibility for providing all necessary information and documentation to the IHS Area SAP contact person during the project planning stage or prior to construction if planning and/or design has been completed prior to SAP award, so the designated IHS Area NEPA official can make the appropriate NEPA determination.]
 - (4) **Quality Control Procedures.** [Provide an affirmative statement that the applicant considers the General Provisions section (which is a part of the contract that will be used to award SAP funding if the project is selected) to be a part of this application, and that the applicant will comply with the quality control items in these General Provisions. (The General Provisions are provided in Application Part 2 - Draft Contract.)]
 - (5) **Design Reviews.** [The applicant must provide the IHS at least one opportunity to review and approve design documents at the schematic, design development, or final construction documents phases. List in the application which design phase(s) the applicant proposes the IHS to review and approve. Subject to resources availability, the IHS will consider and provide review comments for other phases of design if requested by the applicant.]
 - (6) **Subcontracts.** [Briefly describe any subcontracts the applicant anticipates to use to carry out the project. Also, include a statement that the applicant agrees to use licensed and qualified Architects and Engineers in the design and construction oversight of the project.]
- (b) **Project Financial Management Plan.** [Provide financial information about the proposed project, ensuring that the information is consistent with that provided in Section III, Part 1, Section A, Items 4 and 5, including:]
- (1) **Funding Plan.** [Show the estimated total project budget. This breakdown should be by project phases and show when funding is needed, or already provided, for the major elements of the project. Also, provide the proposed sources for all funding phases, identifying if the

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

funds are held currently by the tribe, or planned, including anticipated financing and SAP funding. For the funding portion that has been secured, ensure that the Tribal Resolution includes a certification that the funds are available and designated for the proposed SAP project. This plan will show when the receipt of planned funding is anticipated. Acknowledge that all funds needed over and above the available funding and the requested SAP funding is the responsibility of the applicant. This breakdown should include, but not be limited to, the costs for the following identified categories, and is to include all categories regardless if they have been completed or not:

- ((a)) Administrative and legal expenses.
- ((b)) Site acquisition.
- ((c)) Planning (including NEPA determination).
- ((d)) Design.
- ((e)) Engineering services.
- ((f)) Construction inspection.
- ((g)) Site work.
- ((h)) Demolition and removal.
- ((i)) Construction.
- ((j)) Equipment.
- ((k)) Miscellaneous or other.
- ((l)) Subtotal (Sum of Items “a” thru “k”).
- ((m)) Project contingency.
- ((n)) Total project costs (Sum of Items “l” and “m”).]

- (2) **Advance Payment Schedule.** [Include an advance payment schedule which: 1) indicates the amount of the first payment based on the first year expected expenditure of the requested IHS SAP funding⁵; 2) the second year activities and the expected SAP funding expenditure; etc. (The IHS will make the initial advance payment within 21 calendar days after the SAP award, contingent on the IHS receipt of an accurate electronic fund transfer form that has been provided in Application Part 2 - Draft Contract. Subsequent annual payments will be made within 21 calendar days following the end of each anniversary cycle of the contract.)]

⁵ If a NEPA determination is required for the project, the first payment shall include the estimated project cost up to the start of design. The remainder of the first year funding will be provided once the NEPA determination has been made by the respective IHS Area office.

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7. Need for Project Calculation.

[Description: To develop a basis for a comparison of the need for all four types of construction authorized in the SAP, applicant is to perform the following calculation. This calculation considers the existing space size as related to the user population and adjusts the derived factor by the age and condition of the existing health care facility and the distance from the nearest hospital, within the definitions provided.]

Calculation:

A.	Size of existing health care facility	m ²
B.	Age of existing health care facility [Use in Table 1]	
C.	Facility Age Factor (From Table 1)	
D.	Condition Factor (From factor calculation, using Table 2)	
E.	Average Active User Population (projected)	
F.	Need Index (age and condition adjusted size in m ² per active user) = Size (Line A) x Facility Age Factor (Line C) x Condition Factor (Line D) ÷ Average Active User Population (Line E) [Use in Table 3]	
G.	Need for Project Score (From Table 3)	
H.	Distance to Nearest Hospital [Use in Table 4]	
I.	Distance Factor (From Table 4)	
J.	Adjusted Need for Project Score = Need for Project Score (Line G) x Distance Factor (Line I)	

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Facility Age Factor: Using the age of the existing health care facility shown on Line B, obtain the Facility Age Factor from Table 1; then, enter this value on line C.

Table 1
Facility Age Factor

AGE (YEARS)	AGE FACTOR
9 and Less	1.00
10 - 14	0.95
15 - 19	0.90
20 - 24	0.85
25 - 29	0.80
30 & Greater	0.75

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Condition Factor: Using Table 2, mark (circle) the appropriate condition points for each component of the structure. Add up the circled points and divide the total by 26 to determine the Condition Factor. Enter the Condition Factor on Line D. Guidance to be used for determining the condition of the existing facility follows:

GOOD: Category meets applicable code requirements and requires only normal maintenance.

FAIR: Category requires minor repairs to upgrade to GOOD condition. Estimated cost of repairs is less than 10% of replacement cost.

POOR: Category requires extensive repairs where major components must be replaced to upgrade to GOOD condition. Estimated cost of repairs is more than 10% of replacement cost.

Table 2
Condition Points

CATEGORY	CONDITION RATING AND POINTS		
	GOOD	FAIR	POOR
Structural	4.0	2.0	1.0
Mechanical	4.0	2.0	1.0
Electrical	4.0	2.0	1.0
Fire & Life Safety	4.0	2.0	1.0
Floor Plan (functional layout)	4.0	2.0	1.0
Energy Management	2.0	1.0	0.5
Handicap Access	2.0	1.0	0.5
Site / Environmental	2.0	1.0	0.5

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Need for Project Score: Using the Need Index shown on Line F, obtain the Need for Project Score from Table 3; then, enter this value on Line G.

Table 3
Need for Project Score

NEED INDEX	NEED FOR PROJECT SCORE
0.10 or less	40
0.11 - 0.20	35
0.21 - 0.30	30
0.31 - 0.40	25
0.41 - 0.50	20
0.51 - 0.60	15
0.61 - 0.70	10
0.71 & greater	5

Distance Factor: Using the distance to the nearest hospital shown on Line H, obtain the Distance Factor from Table 4; then, enter this value on Line I.

Table 4
Distance Factor

DISTANCE TO NEAREST HOSPITAL (km)	DISTANCE FACTOR
0 - 10	0.10
11 - 20	0.30
21 - 30	0.50
31 - 40	0.70
41 - 49	0.90
50 and greater	1.00

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DEFINITIONS for Need for Project Calculation

Existing size of health care facility: The size, in gross square meters (m²), of the existing health care facility being operated currently by the applicant pursuant to an existing health care services P.L. 93-638 services contract or compact, as reflected in the official real property records, is to be used. Applicant is to identify the basis of the amount of existing space reflected, including a scaled drawing of the existing facility, if such is needed to document the reported size.

Age of existing health care facility: The age of the existing health care facility, as reflected in official real property records, is to be used. Applicant is to identify the source of the age determination.

Average User Population: The Average User Population is the count of American Indian and Alaska Native people eligible for IHS services, who are residents of the service unit and have used those services at least once during the last three-year period. The IHS user population estimates are based on data from the IHS Patient Registration System. Those registered Indian patients who had at least one direct or contract inpatient stay or outpatient visit, or a direct dental visit (as recorded in the database) during the last three years are defined as "users." The user population estimate system does not give credit for "users" who cross service unit boundaries. The applicant is to identify the basis of the average user population reflected, and document how the user population was determined. Addressing the threshold requirement to be reported in Application Part 1, Section B, Item 8.a., the user population figure to be used is that projected for the opening date of the completed project. For space planning purposes as used in Block E of the Need for Project Calculation table in Part 1, Section C, Item 7, the average user population figure to be used is that projected for three years from the anticipated opening date.

Nearest hospital: The hospital to be used in this calculation is the hospital that has the capacity, will accept the eligible Indians residing in the service area for the health care facility in the proposed project, and will offer ambulatory services and Level I, II, or III emergency room services.

Distance: The distance measurement is in kilometers (km). There is no distinction whether the type of travel is by air, over water, or on a road. The type to be used is that which is available for patients.

8. **Delivery Capability Brief.** [Discuss the capability of the applicant to successfully provide ambulatory care services at the required level for the proposed user population after the construction work is completed, tying in, but not repeating, the information provided in the Application **Part 1, Section C, Item 4, Description of**

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

Health Care Programs and Services. Describe how this facility and this project is part of the overall master plan for the IHS Area. Describe the organization that will be used to manage the health care facility after construction is completed. (This brief is not to exceed one typed page.)]

9. **Construction Capability Brief.** [Discuss the capability of the applicant to successfully manage and complete the proposed construction project within the milestone schedule provided in Application **Part 1, Section C, Item 6.(a)(2), Performance Period for Project**, tying in, but not repeating, the information provided in Application **Part 1, Section C, Item 6.(a)(1), Project Management Plan, Organization**. Discuss how the experience and qualifications documented in Application **Part 1, Section C, Item 6.(a)(1), Project Management Plan, Organization**, will allow for the proposed project to have effective construction management, including scheduling, cost management in accordance with the plan provided by Application **Part 1, Section C, Item 6.(b), Project Financial Management Plan**, safety awareness and record, quality control, and benefiting from lessons learned. (This brief is not to exceed two typed pages.)]
10. **Applicant Financial Contribution Brief.** [Considering, but not repeating, the information provided in Application **Part 1, Section A, Item 4, Amount of Federal Assistance Requested**; **Part 1, Section A, Item 6, Percentage of Total Project Cost**; and **Part 1, Section C, Item 6(b)(1), Funding Plan**, discuss the amount of financial contribution proposed to be made by the applicant and other non-IHS sources. Highlight the percentage of funding that is immediately available. (This brief is not to exceed one type page.)]
11. **Signature.** [The Application is to be signed by the authorized representative of the applicant, who is authorized in the Tribal Resolution.]

Attachments:

- A - Copy of NEAR Management Report for last Single Agency Audit
- B - Copy of Auditor's Summary of Findings of last Single Agency Audit
- C - Tribe's Balance Sheet
- D - Tribal Resolution
- E - Location and Site Maps
- F - Space List and Floor Plan
- G - Project Administration Organization Chart

SECTION III – APPLICATION PARTS 1 & 2 – FYs 2005 - 2006 SAP APPLICATION KIT

PART 2 – DRAFT CONTRACT

The applicant is to complete those sections applying to the applicant on the sheets included hereinafter, and include all sheets in Application Part 2. If the project is selected for award, the IHS Contracting Officer will insert the contents for Contract Sections I, II, and III into the contract document, so the applicant does not have to include these in the Application Part 2.

SMALL AMBULATORY PROGRAM FISCAL YEARS 2005 - 2006

AWARD/CONTRACT	EFFECTIVE DATE	CONTRACT NO.
ISSUED BY: Division of Engineering Services - Seattle Indian Health Service 2201 Sixth Avenue MS-24, Suite 937 Seattle, WA 98121		
DESCRIPTION OF PROJECT:		
AUTHORITY: Indian Health Care Improvement Act, Title III, Section 306, P.L. 94-437, as amended, as codified and implemented by 25 USC 1636, as further amended by FY 2005 and 2006 appropriations, P.L. 108-447; and The Indian Self-Determination and Education Assistance Act, P.L. 93-638, Subpart "J", as amended.		
TOTAL AMOUNT OF CONTRACT (IHS Award Amount):		
ACCOUNTING & APPROPRIATION DATA:		PAYMENT WILL BE MADE BY:
TABLE OF CONTENTS		
(X)	Sec.	
	I	Program Announcement for FYs 2005 - 2006 Small Ambulatory Program (SAP), dated _____
	II	FYs 2005 - 2006 SAP Application, Selection and Award Processes
	III	SAP Application, Part I (without Application Attachments A, B, and C)
	IV	General Provisions (Contract Attachment A) Electronic Funds Transfer Form (Contract Attachment B) Financial Status Report Form (Contract Attachment C) Tribal Quarterly Progress Report (Contract Attachment D)
NAME OF AUTHORIZED TRIBAL SIGNATORY:		
BY: _____ <div style="text-align: center;">Signature</div>		DATE SIGNED:
NAME OF IHS CONTRACTING OFFICER:		
BY: _____ <div style="text-align: center;">Signature</div>		DATE SIGNED:

Section I

PROGRAM ANNOUNCEMENT

FYs 2005 - 2006

Small Ambulatory Program

Section II

APPLICATION, SELECTION, and AWARD PROCESSES

**FYs 2005 - 2006
Small Ambulatory Program**

Section III

APPLICATION PART 1

FYs 2005 - 2006 Small Ambulatory Program

[Without Application Attachments A, B and C]

[Section IV

CONTRACT ATTACHMENTS

FYs 2005 - 2006

Small Ambulatory Program

Attachment A

General Provisions

FYs 2005 - 2006

Small Ambulatory Program

Attachment A

General Provisions

Authority.- Selected applicants will be awarded a Self-Determination Construction Contract (hereafter "Contract"), entered into by the Secretary of the Department of Health and Human Services, Indian Health Service (hereafter "Secretary" or "IHS", for and on behalf of the United States, and the successful applicant, a federally recognized Indian Tribe or Tribal Organization (hereafter "Tribe"), pursuant to Title I of The Indian Self-Determination and Education Assistance Act (hereafter "ISDEAA") (25 U.S.C. 450 et seq.) as implemented by 25 C.F.R. Part 900, Subpart J. The applicable construction provisions of Title I of the ISDEAA (25 U.S.C. 450 et seq.) and its implementing regulations at 25 C.F.R Part 900, Subpart J, are incorporated by reference in this Contract.

Conflicting Terms-Order of Precedence.- Any inconsistency in this contract or between this contract and the regulation shall be resolved by giving precedence in the following order: (a) The appropriation; (b) Public Law 93-638, as amended (ISDEAA); (c) the regulation; (d) this contract including subsequent modifications; (e) contract documents, exhibits, and attachments, (f) Application Kit-Section I and II.

Guiding Principles. - In accordance with 25 C.F.R. 900.115(c), provisions of this construction contract shall be liberally construed in favor of the contracting Tribe.

In accordance with 25 C.F.R. 900.115(a) the self-determination construction contract is a government-to-government agreement that transfers control of the construction project, including administrative functions, to the Tribe to facilitate effective and meaningful by the Tribe in planning, conducting, and administering the construction project, and so that the construction project is responsive to the true needs of the Indian community.

Type of Agreement. - Contract awards will be fixed Price. The IHS funding is limited to the

funds awarded under the initial contract. The tribe is responsible for all costs, cost overruns and claims over and above this IHS initial contract award.

Property. - The United States will at no time during the construction, or after completion of the project, have any interest in, or title to any real or personal property acquired by the Tribe as a part of this contract.

Accountability of Funds and Management Systems:

The Applicant shall administer and disburse funds provided through the contract in accordance with 25 C.F.R. 900.42-45 and implement a property management system in accordance with subpart F.

The tribe will adhere to generally accepted accounting principles and applicable OMB Circulars in carrying out activities.

Payments: 25 CFR 900.132(d) & (e) Upon award of the contract, the Government shall transfer the amount of the first payment to the Tribe within 21 days after the date of contract award. The second payment shall be made not later than 7 days before the end of the first allocation period. Not later than 7 days before the end of each subsequent payment period after the second payment, the Government shall transfer to the Tribe the amount for the next payment period, unless the Tribe is delinquent in submission of payment period progress reports and financial reports or the Government takes action to suspend or terminate the contract in accordance with Sec. 900.131(b) (11), Sec. 900.131(b)(12), or Sec. 900.131(b)(13).

Transfer of funds within the times specified are contingent upon the applicant's submission of an accurate electronic fund transfer form.

Design and Construction Statement. -

Construction documents will be produced in accordance with the selected SAP application and resultant contract.

The facility will be built in accordance with the construction documents produced as a part of design activities. The project documents, including plans and specifications, are hereby incorporated into this contract through this reference.

Proposed Methods to Accommodate the Responsibilities of the Secretary provided in 25 CFR 900.131. 25 CFR 900.125(b)(3) In accordance with 25 CFR 900.115(a), the Secretary's role in the conduct of a contracted construction project is limited to the Secretary's responsibilities set out in 25 CFR 900.131

In carrying out the responsibilities of this section, and specifically in carrying out review, comment and approval functions under this section, the Secretary shall provide for full tribal participation in the decision making process and shall honor tribal preferences and recommendations to the greatest extent feasible. This includes promptly notifying the Tribe of any concerns or issues in writing that may lead to disapproval, meeting with the Tribe to discuss these concerns and issues and to share relevant information and documents, and making a good faith effort to resolve all issues and concerns of the Tribe. The time allowed for Government review, comment, and approval shall be no more than 21-days per review unless a different time period is negotiated. The 21-day time period may be extended if the Tribe agrees to the extension in writing. Disagreements over the Government's decisions in carrying out these responsibilities shall be handled under Subpart N of the regulations governing contract disputes under the Contract Disputes Act. (25 CFR 900.131(b)(1))

National Environmental Policy Act (NEPA). If extraordinary or exceptional circumstances involving the NEPA and related environmental considerations are encountered in the project, or if there is any change in the project, which could change the project environmental determination, the Tribe agrees to stop construction in the area of discovery and to notify the appropriate

authority and the IHS Designated Official for Contractual matters. (25 CFR 900.131(b)(2))

Changes: Notification to the IHS of a change is required only if there is a substantial deviation from the application or resultant contract. Notification will include: a description of the change, how the change is funded, additional time required as a result of the change, and signature of the authorized official of the tribe.

Structural Integrity. The applicant agrees to have any structural design effort performed by a licensed structural engineer, and meet the requirements of the latest International Building Code. The licensed structural engineer shall stamp all drawings, contract modifications, and specifications. All structural submittal reviews shall be completed by the Architect of Record and discipline specific sub-consultations. Structural inspections shall meet the requirements of the final construction documents.

Adherence to Project Plans and Specifications. The project final construction documents will be adhered to.

Proper Materials and Workmanship. The applicant will use new materials and perform work in accordance with applicable codes and industry standards as specified in the final construction documents.

Inspection and Testing. All required inspection and testing requirements will be performed as required by the final construction documents. Day to day inspections of work in progress will be performed by a qualified inspector of work in progress for compliance with the final construction documents.

Health and Safety. The Occupational Safety and Health Act will apply to the SAP project. The applicant is solely responsible for monitoring the work to ensure compliance.

Licensed Qualified Architects and Engineers. The applicant will subcontract with and provide the services of licensed and qualified architects, engineers, and other consultants needed to manage, inspect and accomplish the work in accordance with the final construction

documents. Final construction documents and any subsequent design changes will be stamped by licensed engineers and architects licensed in the state the project is located.

Adherence to applicable Federal, State, or tribal building codes and engineering standards. The Indian Health Service "Design Guide," dated March 2005, is to be used in the design of the project and the guide will be incorporated into all design subcontracts.

All design and construction activities performed under a subsequent contract will be completed in conformity with the most recent edition of applicable subsection parts, provisions, or subdivisions of the codes and standards in effect at the time the contract is signed as listed herein:

- IHS A/E Design Guide list, consistent with Section III, General Design Requirement.
- AIA Guidelines for the Design and Construction of Hospital and Healthcare Facilities.
- National Fire Codes.
- International Building Code (IBC).
- Uniform Plumbing Code.
- American Society of Heating, Refrigeration, and Air Conditioning Engineering.
- American Association of State Highway and Transportation Officials.

Monitoring by IHS. - The IHS may conduct monthly on-site monitoring visits or as otherwise negotiated post-award. (25 CFR 900.131(b) (9))

The Secretary retains the right to conduct final project inspections jointly with the Tribe. If the Secretary identifies problems during final inspections, the information shall be provided to the Tribe and shall be limited to items that are materially noncompliant. (25 CFR 900(b)(10))

Federal Acquisition Regulations (FAR).- The Self Determination Construction Contract entered into shall not be construed to be a procurement contract. However, the tribe agrees to include clauses equivalent to the following FAR clauses in their subcontracts awarded to carry out the project, as determined applicable by the tribe:

Construction Contract Clauses

52.209-6 Protecting the Government's Interest when Subcontracting

52.211-10

52.211-13

52.222-6

52.222-7

52.222-8

52.222-9

52.222-10

52.222-11

52.222-12

52.222-13

52.222-14

52.222-15

52.228-5

52.228-12

52.229-4

52.236-2

52.236-3

52.236-5

52.236-6

52.236-7

52.236-9

52.236-10

52.236-11

52.236-12

52.236-13

52.236-14

52.236-15

52.236-21

52.242-14

52.242-12

52.243-4

52.246-12

with Contractors Debarred, Suspended, or Proposed for Debarment

Commencement, Prosecution, and Completion of Work

Time Extensions

Davis Bacon Act⁶

Withholding of Funds

Payrolls and Basic Records

Apprentices and Trainees

Compliance with Copeland Act Requirements

Subcontracts (Labor Standards)

Contract Termination-Debarment

Compliance with Davis-Bacon and Related Act Regulations

Disputes Concerning Labor Standards

Certification of Eligibility

Insurance-Work on a Government Installation

Performance and Payment Bonds—Construction

(subcontracts over \$100,000)

Federal, State, and Local Taxes

Differing Site Conditions

Site Investigation and Conditions Affecting the Work

Material and Workmanship

Superintendence by the Contractor

Permits and Responsibilities

Protection of Existing Vegetation, Structures, Equipment

Operation and Storage Areas

Use and Possession Prior to Completion

Cleaning Up

Accident Prevention

Availability and Use of Utility Services

Schedules for Construction

Specifications and Drawings for Construction.

Suspension of Work

Bankruptcy

Changes

Inspection of Construction

⁶ Davis Bacon Act provisions apply to other than tribes and tribal organizations.

52.246-21	Warranty of Construction
52.249-2	Termination for Convenience of the Government (Fixed-Price)-Alternate I
52.249-10	Default (Fixed-Price Construction)

The Tribe agrees to secure performance and payment bonds for all subcontracts consistent with the requirements of FAR 28.103-2(b) and 28.103-3(c), and FAR subsection 28.102-3.

A+ E Subcontract Design Clauses:

52.244-4	Subcontractors and Outside Associates and Consultants
52.236-24	Work Oversight in Architect-Engineer Contracts
52.236-25	Requirements for Registration of Designers
52.236-23	Responsibility of the Architect Engineer Contractor
52.236-22	Design within Funding Limitations ⁷

If these clauses are used in the FAR form, the tribe agrees to supersede the term Government with Tribe in all clauses and clause titles.

Use of Complete Procurement Procedures:

The applicant agrees to use competitive procedures consistent with tribal procurement policies and procedures in subcontracting any work under the awarded contract.

⁷

The tribe will need to include this clause in full text in their A+E subcontract with the A/E firm. The tribe and the A+E will agree on the design to construction amount by filling in the blank in this clause prior to signing the A+E contract.

Electronic Funds Transfer Form

[Applicant is to complete this form completely.]

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY:

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

☐ CCD +

☐ CTX

☐ CTP

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME:

SSN OR TAXPAYER ID NO.

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☐ CHECKING

☐ SAVINGS

☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(May be the same as ACH Coordinator)

TELEPHONE NUMBER:

Instructions for Completing SF 3881 Form

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

Attachment C

Financial Status Report Form

[Blank is provided for future use by applicant after award has been made.]

FINANCIAL STATUS REPORT

1. Federal Agency and Organizational Element to Which Report is Submitted I.H.S. Division of Engineering Services		2. Federal Grant or Other Identifying Number Assigned By Federal Agency Contract Number:		OMB Approved No. 0348-0039	Page 1	of 1 Pages
3. Recipient Organization (Name and complete Address, including ZIP Code)						
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (<i>See Instructions</i>) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays						
b. Recipient share of outlays						
c. Federal share of outlays						
d. Total unliquidated obligations						
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						
g. Total Federal share (<i>Sum of lines c and f</i>)						
h. Total Federal funds authorized for this funding period						
i. Unobligated balance of Federal funds (<i>Line h minus line g</i>)						
11. Indirect Expense	a. Type of Rate (<i>Place "X" in appropriate box</i>) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. <i>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i>						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title				Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official				Date Report Submitted		

Attachment D

Tribal Quarterly Progress Report Form

[Provided for Tribe's use later after award.]

Tribal Quarterly Progress Report

Project Title:		Date:	
Tribe:		Contract No:	
Contract Start Date:		Contract Completion Date:	
Project Title:		Report Period: _____ through _____.	
Narrative Report of Current Actions & Updates			
Narrative of Work Completed this Period.			
Percent of work completed.			

Attachment A: Updated Schedule (if changes have occurred during reporting period)

Attachment B: Financial Status Report – 269A

Signature: _____ Date _____

Name -Tribal Designated Official

SECTION IV

APPLICATION

CHECKLIST

for

FISCAL YEARS 2005 - 2006

SMALL AMBULATORY PROGRAM

SECTION IV - APPLICATION CHECKLIST
APPLICATION KIT
FISCAL YEARS 2005 - 2006
SMALL AMBULATORY PROGRAM

To assist the applicant in submitting the Application for the FYs 2005 - 2006 Small Ambulatory Program, and to assist the IHS review process, the applicant should prepare and submit a Checklist for the application. See Section III for the specific requirements for each item. The suggested content for the checklist is on the following pages.

SECTION IV - APPLICATION CHECKLIST – FYs 2005 – 2006 SAP APPLICATION KIT

APPLICATION CHECKLIST:

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
	PART 1 – PROGRAM APPLICATION			
	Application Cover Sheet			
	Table of Contents			
	Section A – Applicant’s Administrative Information			
1.	Date of Application Submission			
2.	Applicant’s Project Control Number			
3.	Descriptive Title of Applicant’s Project			
4.	Amount of Federal Assistance Requested			
5.	Total Estimated Project Cost			
6.	Percentage of Total Project Cost			
7.	Full name, address, telephone number, and “e-mail” address of Applicant			
8.	Full name, position title, address, telephone number, fax telephone number, and “e-mail” address of applicant’s designated officials authorized by applicant’s governing body			
9.	General Location of Project			
10.	Applicant’s Federal Employer Identification Number (EIN)			
11.	Data Universal Number System (DUNS) Number			
12.	Central Contractor Registration (CCR) Certification			
13.	Congressional District of Applicant			
14.	Congressional District of Project			
15.	The SAP Award Not Part of Any Other Contract Acknowledgement			
16.	Agreement Statement for Tribal Project Reports Required After Contract Award			
17.	No Additional Funding Allowed Acknowledgement			
18.	Statement about Construction Management Contract			
19.	Assurances for Contract Award			
	Section B – Applicant’s Eligibility Determination			
1.	Federally Recognized Tribe			
2.	Different Legal Name			

SECTION IV - APPLICATION CHECKLIST – FYs 2005 – 2006 SAP APPLICATION KIT

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
3.	Status of Project			
4.	Current Operation			
5.	Ownership			
6.	Location in Relationship to a Hospital			
7.	Non-Receipt of Prior Funding			
8.	Population Certifications			
9.	Capacity Certification			
10.	Program Assurances			
11.	Financial Management Systems			
12.	Tribal Resolution			
	Section C – Technical Proposal			
1.	Project Title			
2.	Location of Project			
3.	Type of Project			
4.	Description of Health Care Programs and Services			
5.	Description of Proposed Project			
6.	Project Business Plan			
6(a)	Project Management Plan			
6(a)(1)	Organization			
6(a)(2)	Performance Period for Project			
6(a)(3)	National Environmental Protection Act (NEPA) Requirements			
6(a)(4)	Quality Control Procedures			
6(a)(5)	Design Reviews			
6(a)(6)	Subcontracts			
6(b)	Project Financial Management Plan			
6(b)(1)	Funding Plan			
6(b)(2)	Advance Payment Schedule			
7.	Need for Project Calculation			
8.	Delivery Capability Brief			
9.	Construction Capability Brief			
10.	Applicant Financial Contribution Brief			
11.	Signature			
Part 1 Attachments				
A	Copy NEAR Management Report for last Single Agency Audit			
B	Copy of Auditor's Summary of Findings of last Single Agency Audit			

SECTION IV - APPLICATION CHECKLIST – FYs 2005 – 2006 SAP APPLICATION KIT

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
C	Tribe's Balance Sheet			
D	Tribal Resolution			
E	Location and Site Maps			
F	Space List & Floor Plan			
G	Project Administration Organization Chart			
	PART 2 – DRAFT CONTRACT			
	Award/Contract Cover Sheet			
	Section I Cover Sheet (Contents by IHS)			
	Section II Cover Sheet (Contents by IHS)			
	Section III Cover Sheet (Contents by IHS)			
	Section IV Cover Sheet			
	Attachment A Cover Sheet			
	Attachment A – General Provisions			
	Attachment B Cover Sheet			
	Electronic Funds Transfer Form (SF 3881) (completed by applicant)			
	Instructions for Completing SF 3881			
	Attachment C Cover Sheet			
	Financial Status Report Form (blank form furnished in Application Kit)			
	Attachment D Cover Sheet			
	Tribal Quarterly Progress Report Form (blank form furnished in Application Kit)			
	Application Checklist			
	Mail two originals and two signed copies to IHS Headquarters, with envelope marked: FYs 2005 - 2006 SAP APPLICATION			
	Mail one signed copy to applicable IHS Area, with enveloped marked: FYs 2005 - 2006 SAP APPLICATION			

Name of applicant's preparer: _____ Date: _____

[In regard to the OMB Public Reporting Burden for Information Collection requirement and as a check of the estimated time shown for the applicant to respond, please provide the total amount of time it took the applicant to review the application instructions, search existing data sources, gather the needed data, and complete and review the collected information shown in the application: _____ hours.]

Name of IHS Area Reviewer: _____ Date: _____

Name of IHS HQ Reviewer: _____ Date: _____

APPENDIX 1

LIST OF IHS AREAS SAP POINTS-OF-CONTACT

ABERDEEN AREA INDIAN HEALTH SERVICE

Ray Grandbois
Director, Office of Planning & Legislation
Aberdeen Area Indian Health Service
115 Fourth Avenue, SE
Aberdeen, SD 57401-4381

TEL: 605-226-7494
FAX: 605-226-7354
E-Mail: Raymond.Granbois@mail.ihs.gov

ALASKA AREA INDIAN HEALTH SERVICE

Douglas C. Ott, P.E.
Senior Facilities Consultant
Alaska Area Native Health Service
4141 Ambassador Drive #300
Anchorage, AK 99508-5928

TEL: 907-729-3610
FAX: 907-729-4297
E-Mail: dott@oehe.alaska.ihs.gov

ALBUQUERQUE AREA INDIAN HEALTH SERVICE

Darrell LaRoche, P.E.
Director, Division of Health Facilities
5300 Homestead Road, NE
Albuquerque, NM 87110-1293

TEL: 505-248-4947
FAX: 505-248-4678
E-Mail: dlaroche@abq.ihs.gov

BEMIDJI AREA INDIAN HEALTH SERVICE

Victor Mosser
Chief, Facilities Management Branch
Office of Environmental Health and Engineering
Bemidji Area Indian Health Service
522 Minnesota Avenue, NW
Bemidji, MN 56601-3062

TEL: 218-444-0505
FAX: 218-444-0510

E-Mail: victor.mosser@ihs.gov

BILLINGS AREA INDIAN HEALTH SERVICE

Robert Biddle
Facilities Management Officer
Billings Area Indian Health Service
2900 Fourth Avenue North
P.O. Box 36600
Billings, MT 59107-6600

TEL: 406-247-7091
FAX: 406-247-7229
E-Mail: Robert.biddle@na.ihs.gov

CALIFORNIA AREA INDIAN HEALTH SERVICE

Kerry Gragg, P.E.
Area Facilities Engineer
California Area Indian Health Service
John E. Moss Federal Building
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4706

TEL: 916-930-3981, Extension 341
FAX: 916-930-3954
E-Mail: kerry.gragg@mail.ihs.gov

NASHVILLE AREA INDIAN HEALTH SERVICE

George Styer, P.E.
Area Facilities Engineer
Nashville Area Indian Health Service
711 Stewarts Ferry Pike
Nashville, TN 37214-2634

TEL : 615-467-1623
FAX: 615-467-1586
E-Mail: george.styer@ihs.gov

APPENDIX 1

LIST OF IHS AREAS SAP POINTS-OF-CONTACT

NAVAJO AREA INDIAN HEALTH SERVICE

Gilbert Harrison
Director, Division of Facilities Management
Navajo Area Indian Health Service
Highway 264 @ St. Michaels
P.O. Box 9020
Window Rock, AZ 86515-9020

TEL: 520-871-5839
FAX: 520-871-1478
E-Mail: gilbert.harrison@navajo.ihs.gov

OKLAHOMA CITY AREA INDIAN HEALTH SERVICE

Mitch Baroff
Staff Architect
Division of Facilities Management
Oklahoma City Area Indian Health Service
Five Corporate Plaza
3625 NW 56th Street
Oklahoma City, OK 73112-4599

TEL: 405-951-3879
FAX: 405-951-3932
E-Mail: mitch.baroff@ihs.gov

PHOENIX AREA INDIAN HEALTH SERVICE

Keith Shortall, P.E.
Chief, New Facilities Design & Construction
Division of Facilities Engineering
Phoenix Area Indian Health Service
40 North Central Avenue, Suite 720
Phoenix, AZ 85004-0931

TEL: 602-364-5089
FAX: 602-364-5057
E-Mail: keith.shortall@ihs.gov

PORTLAND AREA INDIAN HEALTH SERVICE

Gene F. Kompkoff
General Engineer
Division of Health Facilities Engineering
Portland Area Indian Health Service
1220 S.W. Third Avenue - Room 476
Portland, OR 97204-2812

TEL: 503-326-3104
FAX: 503-326-7280
E-Mail: gkompkof@pao.portland.ihs.gov

TUCSON AREA INDIAN HEALTH SERVICE

Roger Carmichael
Chief, Area Facilities Management Branch
Tucson Area Indian Health Service
7900 South "J" Stock Road
Tucson, AZ 85746-7012

TEL: 520-295-2580
FAX: 520-295-2409
E-Mail: roger.carmichael@mail.ihs.gov